

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
Official Use Only

*A Public Document*

*CG* Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)			
Luce	Mark				
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

County of Napa

Division, Board, District, if applicable:

Board of Supervisors

Your Position:

Board of Supervisor, District 2

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: See attached list

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Napa

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009,  
through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2009, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages  
including this cover page: 7

► Check applicable schedules or "No reportable  
interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☒ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed March 24, 2010

Signature [Redacted Signature]  
(Signature must be signed by the filer or your filing official.)

STATEMENT OF ECONOMIC INTERESTS

I. Office, Agency or Court Expanded List:

<u>Agency</u>	<u>Position</u>
Napa County Board of Supervisors	Board Member
Napa County Board of Equalization	Board Member
Silverado Community Services District	Board Member
Lake Berryessa Resort Improvement District	Board Member
Napa-Berryessa Resort Improvement District	Board Member
Monticello Public Cemetery District	Board Member
Napa County Flood Control & Water Conservation District	Board Member
Napa County Flood Protection & Watershed Improvement Authority	Board Member
In-Home Supportive Services Public Authority of Napa County	Board Member
Napa County Public Improvement Corporation	Board Member
Napa County Housing Authority	Board Member
Association of Bay Area Governments	Board Member
Napa-Vallejo Napa Waste Management Authority	Board Member
Upper Valley Waste Management Agency	Board Member
Treasury Oversight Committee	Board Member
Napa Sanitation District	Board Member
Napa County Transportation Planning Agency (NCTPA)	Board Member
Local Agency Formation Commission	Alternate

**SCHEDULE A-1**  
**Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark Luce

► NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Bank

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
01 / 01 / 09      12 / 31 / 09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
AT&T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Telephone

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
12 / 28 / 09      09 / \_\_\_\_ / 09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY  
Seagate

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Hard disk drive manufacturer

FAIR MARKET VALUE  
☒ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☒ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
01 / 01 / 09      12 / 31 / 09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_ / \_\_\_\_ / 09      \_\_\_\_ / \_\_\_\_ / 09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_ / \_\_\_\_ / 09      \_\_\_\_ / \_\_\_\_ / 09  
ACQUIRED      DISPOSED

► NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

NATURE OF INVESTMENT  
☐ Stock      ☐ Other \_\_\_\_\_ (Describe)  
☐ Partnership      ☐ Income of \$0 - \$500  
                                 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_ / \_\_\_\_ / 09      \_\_\_\_ / \_\_\_\_ / 09  
ACQUIRED      DISPOSED

Comments:

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Mark Luce

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Rose International

ADDRESS (Business Address Acceptable)

16401 Swingley Ridge Rd., S300 Chesterfield, MO

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Consulting Firm

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

St. Helena Hospital

ADDRESS (Business Address Acceptable)

Deer Park, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Hospital

YOUR BUSINESS POSITION

Employee

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_

Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Mark Luce

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Clinic Ole

ADDRESS (Business Address Acceptable)

1141 Pear Tree Lane, Napa

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical Center

YOUR BUSINESS POSITION

Nursing Physician

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Harvest Pediatrics

ADDRESS (Business Address Acceptable)

1100 Trancas Street, Napa

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Medical Office

YOUR BUSINESS POSITION

Nursing Physician

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

► NAME OF SOURCE  
Rutherford Grove Winery  
 ADDRESS (Business Address Acceptable)  
1673 St. Helena Highway, St. Helena, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Vintner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 25 / 09</u>	<u>\$ 120.00</u>	<u>3 bottles of wine</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
California State Association of Counties  
 ADDRESS (Business Address Acceptable)  
1100 K Street, Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Association of Counties

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 04 / 09</u>	<u>\$ 298.00</u>	<u>dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
HDR Engineering, Inc.  
 ADDRESS (Business Address Acceptable)  
2365 Iron Point Road, Folsom, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting Engineers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 30 / 09</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u>08 / 13 / 09</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Meyers Nave Riback Silver & Wilson  
 ADDRESS (Business Address Acceptable)  
555 12th Street, Oakland, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 01 / 09</u>	<u>\$ 98.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Carollo Engineers  
 ADDRESS (Business Address Acceptable)  
2700 Ygnacio Valley Road, Walnut Creek, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting Engineers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 12 / 09</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

► NAME OF SOURCE  
Brown and Caldwell  
 ADDRESS (Business Address Acceptable)  
201 North Civic Drive, Walnut Creek, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Consulting Engineers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 14 / 09</u>	<u>\$ 100.00</u>	<u>Dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name

Mark Luce

► NAME OF SOURCE  
Metropolitan Transportation Commission

ADDRESS (Business Address Acceptable)  
101 8th Street, Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Transportation Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 09	\$ 75.00	food and beverage
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
Curt Johanson

ADDRESS (Business Address Acceptable)  
1095 Hidden Brook Parkway, Vallejo, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Triad Communities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 04 / 09	\$ 100.00	Dinner
06 / 27 / 09	\$ 100.00	Dinner
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_